

The Power of Attorney

California Public Employees' Retirement System

The Power of Attorney

This booklet was designed to assist you in understanding the power of attorney and the importance of having one on file with CalPERS.

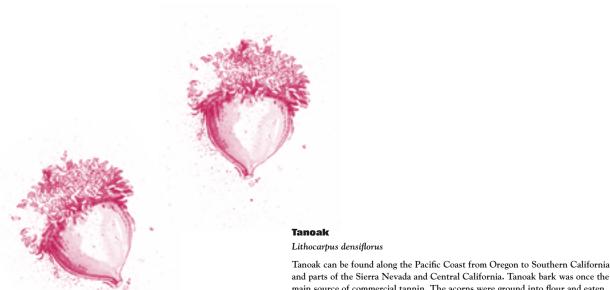
Included is important information on the **CalPERS Special Power of Attorney** form, located at the back of the booklet, that is specifically designed for CalPERS retirement issues. For your convenience, we have also included a quick check list to make sure you have completed the form correctly.

A CalPERS Special Power of Attorney allows you to designate a representative or agent, known as your attorney-in-fact, to conduct your retirement affairs. Having a CalPERS Special Power of Attorney on file with us ensures that your designated attorney-in-fact will be able to perform important duties concerning your CalPERS business such as address

changes, federal or state tax withholding elections, lost or stolen retirement checks, endorsing checks, beneficiary designations, or retirement benefit elections should you become unable to act on your own behalf.

You must complete a power of attorney form while you are able to understand the powers you are granting. If you become unable to handle your affairs before completing a power of attorney, CalPERS may find it necessary to withhold your retirement allowance until a court appoints a conservator to handle your affairs.

Since appointment of a conservator can be both expensive and time consuming, you may wish to safeguard against this possibility by completing the *CalPERS Special Power of Attorney* form.



main source of commercial tannin. The acorns were ground into flour and eaten by California Indians. They removed the acorn's bitter taste by washing them in hot water.

• 1

Power of Attorney Forms Aren't All The Same

- A durable power of attorney contains a "durability clause," which is a provision permitting your designated attorney-in-fact to act on your behalf in the event you are unable to handle your affairs.
- A general power of attorney permits your attorneyin-fact to act on your behalf in all of your personal affairs. It automatically terminates when you become incapacitated or unable to act on your behalf unless it contains a durability clause.
- A special power of attorney grants only the powers that are specifically stated in the power of attorney document. The CalPERS power of attorney is a special power of attorney because it only authorizes your attorney-in-fact to handle your CalPERS retirement affairs. Another power of attorney that you may be familiar with is a special power of attorney for health care. CalPERS cannot accept this type of special power of attorney for retirement issues. A special power of attorney automatically terminates when you become incapacitated or are unable to act on your own behalf unless it contains a durability clause.

The CalPERS Special Power of Attorney form is a specialized power of attorney that is specifically designed for CalPERS retirement issues. The main advantage in using our special power of attorney form is that it contains a durability clause that specifically shows your intent to have your attorney-in-fact conduct business with us even if you become incapacitated.

While we prefer that CalPERS members use the CalPERS Special Power of Attorney form because it contains the durability clause, CalPERS will also accept other power of attorney forms that grant the

attorney-in-fact authority to conduct business with us. However, should your power of attorney form not contain a durability clause, CalPERS will not be able to honor it if you become incapacitated.

CalPERS permits your attorney-in-fact to be given the specific authority to select a payment option on your behalf. If you do not give the specific authority to select a payment option on your behalf, your attorney-in-fact may choose only Option 1 or the Unmodified Allowance benefit on your behalf.

CalPERS permits your attorney-in-fact to designate a beneficiary of your retirement benefits if you so specify. If this specific authority is not granted, your attorney-in-fact cannot designate a beneficiary or change the beneficiary that you designate on your retirement application. If you have not named a beneficiary or become incapacitated before you retire, your retirement benefits will be distributed in the order specified by the Probate Code. If you do grant your attorney-in-fact authority to designate a beneficiary, you must specify whether or not your attorney-in-fact may designate himself or herself. Your attorney-in-fact will not be permitted to designate himself or herself as a beneficiary unless you specifically authorize it on this Power of Attorney form.

In addition, you cannot use the CalPERS Special Power of Attorney to appoint an administrator of your estate before your death. This form only deals with retirement matters administered by CalPERS, the Judges' Retirement System I and II, or the Legislators' Retirement System. Because of the broad power granted by the CalPERS Special Power of Attorney, we recommend that you consult an attorney before signing this document.

Handling Your Retirement Affairs

Handling Retirement Affairs With A Power of Attorney

With a *CalPERS Special Power of Attorney* form on file, your attorney-in-fact can begin to take care of your retirement affairs immediately. You may also continue to act on your own behalf but your attorney-in-fact is able to act in matters concerning your retirement even if you are not incapacitated unless you specify that the power of attorney will not take effect until you become incapacitated or until some future date or event occurs.

Be sure that your power of attorney form is easily accessible so that your attorney-in-fact can send it to us when the need arises to transact retirement business. Planning ahead can prevent anguish for you and your family.

Changing Your Power of Attorney

If you change your mind about your power of attorney, you must:

- complete a new power of attorney form with the changes you desire; and
- inform those who have a copy of the old power
 of attorney that it is no longer valid and ask that
 copies of the old form be returned to you so you
 can destroy them; and
- give copies of the new form to those people who may need to carry out your wishes.

Terminating Your Power of Attorney

You must submit a request in writing to CalPERS to revoke or terminate your power of attorney. You can then submit a new power of attorney if you wish.

If you still have questions about your power of attorney after reading this material, you should consult an attorney.





Valley Oak

Quercus lobata

The acorns of the valley oak, also known as the California white oak, were roasted by the California Indians and ground into a meal. The meal was used to make bread or mush. This oak provided an abundant food supply throughout California's valleys and foothills. The sweet-tasting acorns are also a favorite with many kinds of domestic and wild animals, especially hogs.

Completing Your Special Power of Attorney Form

Complete the forms on the following pages in full, making sure that you have entered all the required information. You must verify the truth of the following statements before you submit the forms to CalPERS. ☐ I am of sound mind and acting of my own free will. ☐ I understand that the individual(s) I have selected as my attorney(s)-in-fact to make retirement-related decisions for me is at least 18 years old and may be related to me by blood, marriage or domestic partnership legally recognized by the State of California. I realize that my attorney-in-fact has the power and authority to transact all matters relating to the California Public Employees' Retirement System, the Legislators' Retirement System, or the Judges' Retirement System I and II. ☐ I have talked with the individual(s) I have selected as my attorney(s)-in-fact and they have agreed to participate. Two people, at least 18 years old, neither of whom are the attorney-in-fact, have signed and witnessed my signature or designation of an attorney-in-fact with powers of attorney, or a notary public has acknowledged my signature designating special power of attorney. My attorney(s) in fact has read the notice about their legal responsibilities and has signed the last page of the form. ☐ I have given a copy of the completed power of attorney to my attorney-in-fact and other family members who may need it. I have decided how long I wish my power of attorney to last and have filled in the appropriate blank(s). If I have designated more than one attorney-in-fact, I have indicated that my attorneys-in-fact are to act jointly or separately. ☐ I understand that I may authorize my attorney-in-fact to select any payment option available under the retirement plan even though the selected option may reduce the monthly allowance that would otherwise be paid to me during my lifetime. ☐ I understand that I may authorize my attorney-in-fact to designate or change my beneficiary. I understand that I may authorize my attorney-in-fact to designate him or herself as my beneficiary. ☐ I and my witnesses have signed and dated the CalPERS Special Power of Attorney form, and my attorney-infact has signed the notice acknowledging their legal responsibilities.



Special Power of Attorney

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (916) 795-3240

Section 1

When completing this form, please be sure to print the requested information.

Creation of Durable Power of Attorney for Retirement-Related Business

Name of Member or Beneficiary (First Name, Middle Initial, Las	st Name)		Social Security Number	
Address			County	
			()	
City	State	Zip	Davtime Phone	

By this document I intend to create a durable power of attorney by appointing the person(s) named below to make retirement-related decisions for me as allowed by the California Probate Code. This power is expressly limited to decisions relating to my benefits under the California Public Employees' Retirement System, the Legislators' Retirement System, or the Judges' Retirement System I or II — hereinafter CalPERS, LRS, JRS I and JRS II, respectively.

Section 2

You have the option of designating more than one attorney-in-fact.

If you appointed more than one attorney-infact, and you want each attorney-in-fact to be able to act alone, check the appropriate box. If you do not check a box, or if you check "jointly," then all of your attorneys-in-fact must act or sign together. Granting joint authority to two or more attorneysin-fact is exercisable only by their unanimous action. If you choose to have your attorneys-infact act jointly, and one is unavailable because of absence, illness, or other temporary incapacity, the other attorney(s)-infact may exercise their authority under the power of attorney.

Des	sign	ation	of of	Attor	ney-	In-	Fact
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lame of Attorney-in-Fact				
			I	
Address			County	
			()	
City	State	Zip	Daytime Phone	
Name of Attorney-in-Fact				
			1	
Address			County	
			()	
City	State	Zip	Daytime Phone	

I have designated more than one attorney-in-fact. They are to act:

Jointly	□ Separa ¹	tely, in	the	order	listed	above
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Put name and Social Security number at the top of every page

Name of Member or Beneficiary

Social Security Number

Section 3

General Statement of Authority Granted

I hereby grant to my attorney-in-fact full power and authority to transact matters on my behalf relating to CalPERS, LRS, JRS I or JRS II. I understand that this authority is granted to the attorney-in-fact designated by me even if that person is related to me by blood, marriage or legal domestic partnership. By signing this Special Power of Attorney form I intend that:

- My attorney-in-fact is \square is not \square authorized to select any payment option available under the retirement plan, even though it may reduce the monthly allowance that would otherwise be paid to me during my lifetime. My attorney-in-fact is □ is not □ authorized to designate or change my beneficiary.
- My attorney-in-fact is \square is not \square authorized to designate him or herself as my beneficiary.

On the following lines you may give special instructions limiting the powers granted to your attorney(s)-in-fact.

Sign	Here	
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Signature of Member or Beneficiary

Print Name

Section 4

Duration of Power of Attorney

Please be careful in choosing when you want your power of attorney to commence or terminate.

Please check the boxes that indicate your choice and sign below.

My attorney-in-fact is hereby instructed to notify CalPERS in writing of my disability, incapacity, or death immediately upon its occurence. This power of attorney shall not be affected by my subsequent disability or incapacity unless I so indicate below:

Unless you direct
otherwise, this power
of attorney is effective
immediately and will
continue until it is revoked.

This special power of attorney is to commence immediately and to remain in effect for my lifetime or ι	unti
I specifically cancel it.	

☐ This special power of attorney is to commence on.

_ and terminate on _____ Date (mm/dd/yyyy) or Event Date (mm/dd/yyyy) ☐ This special power of attorney is to commence only upon a determination that I am incapacitated and/or unable to handle my own affairs. The determination of whether I am incapacitated and/or unable to handle my own affairs shall be made by_ Name or Title of Person to make the determination

☐ This special power of attorney is to terminate in its entirety if I become incapacitated.

Print Name of Member or Beneficiary (First Name, Middle Initial, Last Name)

Sign Here ▶

Signature of Member or Beneficiary

Section 5

Notice to Person Executing Durable Power of Attorney

The authority granted by the CalPERS Special Power of Attorney form is limited to matters relating to CalPERS. LRS, JRS I and JRS II. The person designated as your attorney-in-fact does not have any authority over your other real or personal property. If you wish that your attorney-in-fact have authority over your real and/or personal property, it is recommended that you seek legal counsel.

You may notice that the language contained in the following WARNING statement refers to more extensive authority than granted by the CalPERS Special Power of Attorney. This WARNING statement is required by Probate Code Section 4128 and must be included in all preprinted durable power of attorney forms even though the CalPERS Durable Power of Attorney does not authorize your attorney-in-fact to do many of the things mentioned in the following WARNING statement. Also, if you are concerned with the WARNING statement or the extent of the authority being granted by the CalPERS Special Power of Attorney form, we again urge you to consult with an attorney.

Name of Member or Beneficiary Social Security Number

Section 5, continued

Notice to Person Executing Durable Power of Attorney

A durable power of attorney is an important legal document. By signing a durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

- · Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.
- This document gives your agent the powers to manage, dispose of, sell, and convey your real and
 personal property, and to use your property as security if your agent borrows money on your behalf.
 This document does not give your agent the power to accept or receive any of your property, in trust
 or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.
- Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you state otherwise in this power of attorney.
- The powers you give your agent will continue to exist for your entire lifetime, unless you state that
 the durable power of attorney will last for a shorter period of time or unless you otherwise terminate
 the durable power of attorney. The powers you give your agent in this durable power of attorney will
 continue to exist even if you can no longer make your own decisions regarding the management of
 your property.
- You can amend or change this durable power of attorney only by executing a new durable power of
 attorney or by executing an amendment through the same formalities as an original. You have the
 right to revoke or terminate this power of attorney at any time as long as you are competent.
- This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the principal's signing of the power of attorney or (2) the principal's acknowledgement of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it can easily be recorded.
- You should read this durable power of attorney carefully. When effective, this durable power of
 attorney will give your agent the right to deal with property that you now have or might acquire in
 the future. This durable power of attorney is important to you. If you do not understand the durable
 power of attorney or any provision of it, you should obtain the assistance of an attorney or other
 qualified person.

Section 6	Member or Beneficiary Inform	ation		
mber or Beneficiary fills out this section.	Date Executed (mm/dd/yyyy) City		State	
Sign Here ▶	Signature of Member or Beneficiary		County	
	Name of Member or Beneficiary (printed)		Social Secur	- ity Number
Section 7	Witness Information			
Witness(es) fills out this section.	I have witnessed the principal's signature of attorney. I am an adult at least 18 years principal is known to me and is the same	old and not the attorney-in-fact. My sig	gnature certif	• • •
	Signature of Witness 1	 Name of Witness 1 (printed)		
	L Address			
	L City		State	Zip
	 Signature of Witness 2	 Name of Witness 2 (printed)		
	Address	name of withess 2 (printed)		
			 State	
	City			

Put name and Social		
Security number at the top of every page	Name of Member or Beneficiary	– – Social Security Number
Section 8	Notary Public Acknowledgement	
Sign Here ▶	 Signature of Member or Beneficiary	Date (mm/dd/yyyy)
Notary Public fills out this section.	Notary	
Do not fill out this section if you have	State Cour	nty
completed Section 7.	Onbefore me Date Name of Notary/Witness	, personally known to me or
	Personally known to me (or proved to me on the basis name(s) is/are subscribed to the within instrument ar the same in his/her/their authorized capacity(ies), and the person(s), or the entity upon behalf of which the p	nd acknowledged to me that he/she/they executed that by his/her/their signature(s) on the instruments
		Notary Seal
	Witness my hand and official seal.	
	Signature of Notary Public	Date
Section 9	Notice to Person Accepting the Appointmen	nt of Attorney-in-Fact
The person agreeing to act as attorney-in-fact must sign this section.	By acting or agreeing to act as the agent (attorney-in-fa fiduciary and other legal responsibilities of an agent. The • The legal duty to act solely in the interest of the princip • The legal duty to keep the principal's property separate or controlled by you.	nese responsibilities include: al and to avoid conflicts of interest.
	Vou mou not transfer the principally preparty to vourself	furither tell and adamusts as naideration or

You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorized you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney.

Print Name of Agent	
Signature of Agent	Date (mm/dd/yyyy)
Print Name of Agent	
Signature of Agent	Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716

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How To Get More Information

Online Information

Visit us on the Internet at www.calpers.ca.gov

Reaching Us by Phone

Call toll free at (888) CalPERS (225-7377) Hours: Monday thru Friday 8:00 a.m. to 5:00 p.m. Telecommunications device for the deaf: (916) 795-3240

Visit Your Nearest CalPERS Regional Office

Visit the CalPERS Web site for directions to your local office.

Hours: Monday thru Friday 8:00 a.m. to 5:00 p.m.

Sacramento Regional Office*

2750 Gateway Oaks Drive, Room 140 P.O. Box 942710 Sacramento, CA 95833

San Francisco Regional Office

301 Howard Street, Suite 2020 San Francisco, CA 94105

Glendale Regional Office

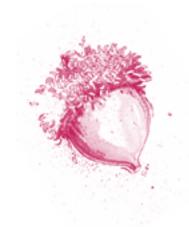
Glendale Plaza 655 North Central Avenue, Suite 1400 Glendale, CA 91203

San Bernardino Regional Office

650 East Hospitality Lane, Suite 330 San Bernardino, CA 92408

San Diego Regional Office

7676 Hazard Center Drive, Suite 350 San Diego, CA 92108



San Jose Regional Office

181 Metro Drive, Suite 520 San Jose, CA 95110

Orange Regional Office

500 North State College Blvd., Suite 750 Orange, CA 92868

Fresno Regional Office

10 River Park Place East, Suite 230 Fresno, CA 93720

* Sacramento Regional Office will be moving late 2005 to the new CalPERS Headquarters building at 400 Q Street, Sacramento, CA 95814.

Information Practices Statement

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System (CalPERS) to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code sections (2000), et seq.) and will be used for administration of the CalPERS Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply the information may result in the System being unable to perform its functions regarding the benefits payable. Portions of this information may be transferred to: State and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board,

State Compensation Insurance Fund, County District Attorney, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche/microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

The beneficiary has the right to review the membership file of the deceased member maintained by the System. Any person determined not to be the beneficiary may review any documents he/she submitted. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, 400 P Street, P.O. Box 942702, Sacramento, California, 94229-2702.

While reading this material, remember that we are governed by the California Public Employees' Retirement Law. The statements in this booklet are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this booklet, any decisions will be based on the law and not this booklet.



California Public Employees' Retirement System

400 P Street Sacramento, California 95814

(888) CalPERS (225-7377) www.calpers.ca.gov

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